

16562 U.S. PTO

**UTILITY
PATENT APPLICATION
TRANSMITTAL**
(Only for new nonprovisional
applications under 37 CFR 1.53(b))

Title of Invention

**PHOSPHOLIPIDS FOR THE TREATMENT OF
INFECTION BY TOGAVIRUSES, HERPES VIRUSES
AND CORONAVIRUSES**

Named Inventor(s)

**Ronald A. Fleming, Jay V. Hes, Yunsheng Huang,
Russ H. Read, Susan L. Morris-Natschke, Khalid S.
Ishaq, Louis S. Kucera, and Phillip A. Furman**

Attorney Docket

09431.105004

Express Mail Label No.

EV330778327US

APPLICATION ELEMENTS

Commissioner for Patents
ADDRESS TO: Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification, Claims,
and Abstract Total Pages **94**
4. ☒ Drawings Total Sheets **2**
5. Oath or Declaration Total Pages **2**
 - a. ☒ Copy of unexecuted
 - b. ☐ Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17
completed)
 - (i) ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior
application, see 37 CFR 1.63(d)(2)
and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76.
7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statement verifying identity of above
copies

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement
(when there is an assignee)
 ☐ Power of Attorney by assignee
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)
PTO-1449
 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
16. ☒ Assignee: **Kucera Pharmaceutical Company**
19. ☐ Other: _____

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:
Prior application information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS:

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22856 U.S. PTO
10/783927

FEE TRANSMITTALAttorney Docket No. **09431.105004.**
Express Mail Label No. **EV330778327US**

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Fleming et al.**
Filing Date: **February 18, 2004**
Title: **Phospholipids For The Treatment Of Infection By Togaviruses, Herpes Viruses And Coronaviruses**

The filing fee is calculated as shown below:

1. FILING FEE:

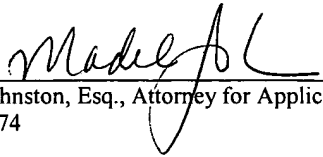
FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$385	385	\$770	
<input type="checkbox"/> DESIGN FILING FEE	\$170		\$340	
<input type="checkbox"/> PLANT FILING FEE	\$265		\$530	
<input type="checkbox"/> REISSUE FILING FEE	\$385		\$770	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$80		\$160	
SUBTOTAL (1)		\$385		\$xxx

2. CLAIMS:

FOR:	SMALL ENTITY			LARGE ENTITY	
	NO. FILED	NO. EXTRA	RATE	RATE	FEE
TOTAL CLAIMS	65 - 20 =	45	x 9 =	x 18 =	
INDEP. CLAIMS	5 - 3 =	2	x 43 =	x 86 =	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+145 =	+290 =	
SUBTOTAL (2)			\$491		\$xxx

3. ADDITIONAL FEES:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$xxx		\$xxx

TOTAL FILING FEES: \$876.00A check is enclosed for the total amount: **\$716.00**☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0980.KING & SPALDING, LLP
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